## **APPLICATION DATA SHEET**

**Application Information** 

Application Type::

Regular

Subject Matter::

Utility

CD-ROM or CD-R?::

None

Title::

A METHOD FOR VENTILATING A SEAT

Attorney Docket Number::

1139-026

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawings Figure::

1

**Total Drawing Sheets:** 

5

Small Entity?:: Petition included?:: No No

Secrecy Order in Parent Appl.?::

No

**Applicant Information** 

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**Pakistan** 

Status::

Full Capacity

Given Name::

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Middle Name::

Rafat

Family Name::

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Country of Residence::

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City of mailing address::

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State or Province of

mailing address::

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mailing address::

N8N 5A4

**Applicant Information** 

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Primary Citizenship Country::

Canadian

Status::

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Given Name::

Corina

Middle Name::

Simona

Family Name::

Alionte

Name Suffix::

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Country of Residence::

Canada

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State or Province of

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Postal or Zip Code of

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N8X 3H6

**Applicant Information** 

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Primary Citizenship Country::

Canadian

Status::

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Goran

Middle Name::

Family Name::

Bajic

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Country of Residence::

Canada

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Postal or Zip Code of

mailing address::

**NOR 1A0** 

**Applicant Information** 

Applicant Authority Type::

Inventor

Primary Citizenship Country::

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Status::

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Shaun

Middle Name::

Calvin

Family Name::

Howick

Name Suffix::

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Country of Residence::

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**Applicant Information** 

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Status::

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Zoran

Middle Name::

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**Applicant Information** 

Applicant Authority Type::

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Status::

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Valerija

Middle Name::

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State or Province of Residence:: Ontario

Country of Residence::

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City of mailing address::

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Postal or Zip Code of

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N9H 1Z8

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Applicant Authority Type::

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Status::

**Full Capacity** 

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State or Province of Residence:: Ontario

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State or Province of

mailing address:: Ontario

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mailing address:: N8Y 4A2

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: German

Status:: Full Capacity

Given Name:: Simone

Middle Name::

Family Name:: Köhler

Name Suffix::

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State or Province of Residence::

Country of Residence:: Germany

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City of mailing address:: Ostfildern

State or Province of

mailing address:: Germany

Postal or Zip Code of

mailing address:: D-73760

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: German

Status:: Full Capacity

Given Name:: Peter

Middle Name::

5

Family Name::

Nägele

Name Suffix::

City of Residence::

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State or Province of Residence::

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City of mailing address::

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86551

**Applicant Information** 

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Stefan

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Family Name::

Stoewe

Name Suffix::

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State or Province of Residence::

Country of Residence::

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City of mailing address::

Mering

State or Province of

mailing address::

Germany

Postal or Zip Code of

mailing address::

D-86415

**Applicant Information** 

Applicant Authority Type::

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Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Boris

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Family Name:: Zlotin

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**Applicant Information** 

Applicant Authority Type:: Inventor

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City of mailing address:: Southfield

State or Province of

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**Applicant Information** 

Applicant Authority Type::

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Status::

**Full Capacity** 

Given Name::

Vladimir

Middle Name::

Family Name::

Gerasimov

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Country of Residence::

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State or Province of

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**Applicant Information** 

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**Primary Citizenship Country::** 

Status::

**Full Capacity** 

Given Name::

Vladimir

Middle Name::

Family Name::

Proseanik

Name Suffix::

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State or Province of Residence::

Country of Residence::

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**Applicant Information** 

Applicant Authority Type::

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**Primary Citizenship Country::** 

Status::

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Given Name::

Alla

Middle Name::

Family Name::

Zusman

Name Suffix::

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State or Province of Residence::

Country of Residence::

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City of mailing address::

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State or Province of

mailing address::

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Postal or Zip Code of

mailing address::

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**Applicant Information** 

Applicant Authority Type::

Inventor

**Primary Citizenship Country::** 

Status::

**Full Capacity** 

Given Name::

Kirill

Middle Name::

Family Name::

Sklobovskiy

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

25505 W. 12 Mile Road, Suite 5500

City of mailing address::

Southfield

State or Province of

mailing address::

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Postal or Zip Code of

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## **Correspondence Information**

Correspondence Customer

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25215

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City of mailing address::

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State or Province of mailing address::

MI

Postal or Zip Code of

mailing address::

48009

Phone number::

248-593-9900

Fax Number::

248-593-0581

E-Mail address::

cvoci@patentco.com

## **Representative Information**

Representative Customer Number::	25215
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## **Assignee Information**

Assignee name::

W.E.T. Automotive Systems AG